

First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

HOUSE ENROLLED ACT No. 1410

AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 5-10-8-10 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 1999]: **Sec. 10. The state shall cover the examinations required under IC 16-41-17-2 under a:**

- (1) **self-insurance program established or maintained under section 7(b) of this chapter to provide group health coverage; and**
- (2) **contract entered into or renewed under section 7(c) of this chapter to provide health services through a prepaid health care delivery plan.**

SECTION 2. IC 16-41-17-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. (a) Subject to subsection ~~(b)~~; **(c)**, every infant shall be given examinations at the earliest feasible time for the detection of the following disorders:

- (1) Phenylketonuria.
- (2) Hypothyroidism.
- (3) Hemoglobinopathies, including sickle cell anemia.
- (4) Galactosemia.
- (5) Maple Syrup urine disease.
- (6) Homocystinuria.

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(7) Inborn errors of metabolism that result in mental retardation and that are designated by the state department.

(b) Subject to subsection (c), every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing impairments.

~~(b)~~ (c) If a parent of an infant objects in writing, for reasons pertaining to religious beliefs only, the infant is exempt from the examinations required by this chapter.

SECTION 3. IC 16-41-17-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 7. (a) The state department shall designate at least one (1) laboratory for testing for disorders listed in ~~section 2~~ **section 2(a)** of this chapter.

(b) The designated laboratories shall perform tests on all infants for the detection of disorders under **section 2(a)** of this chapter.

(c) This section does not prevent other facilities from conducting tests for disorders under this chapter.

SECTION 4. IC 16-41-17-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 8. Each hospital and physician shall:

(1) take or cause to be taken a blood sample from every infant born under the hospital's and physician's care; and

(2) transport or cause to be transported each blood sample described in subdivision (1) to a laboratory designated under section 7 of this chapter;

for testing for the disorders listed in ~~section 2~~ **section 2(a)** of this chapter.

SECTION 5. IC 27-8-24-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. Except as provided in section 5 of this chapter, every policy or group contract that provides maternity benefits must provide minimum benefits to a mother and her newborn child that cover:

(1) a minimum length of postpartum stay at a hospital licensed under IC 16-21 that is consistent with the minimum postpartum hospital stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their Guidelines for Perinatal Care; **and**

(2) the examinations to the newborn child required under IC 16-41-17-2.

SECTION 6. [EFFECTIVE JULY 1, 1999] (a) **As used in this SECTION, "board" refers to the newborn hearing screening and intervention advisory board established under subsection (b).**

(b) The newborn hearing screening and intervention advisory



board is established.

(c) The board consists of twelve (12) members appointed by the governor as follows:

- (1) Two (2) parents of a child with hearing loss.
- (2) One (1) individual who is deaf or hearing impaired.
- (3) One (1) otolaryngologist.
- (4) One (1) audiologist.
- (5) One (1) neonatologist or neonatal nurse.
- (6) One (1) pediatrician or family medical practitioner who is licensed under IC 25-22.5 whose practice includes services for children with hearing loss.
- (7) One (1) teacher of children with hearing loss.
- (8) One (1) representative of the health insurance industry.
- (9) One (1) representative of the state department of health.
- (10) One (1) representative of the department of education, division of special education programs.
- (11) One (1) representative of the office of the secretary of family and social services.

(d) Initial appointments to the board must be made not later than August 1, 1999. Not more than six (6) members of the board may be from the same political party.

(e) The governor shall appoint the chair and vice chair from among the board members. The chair and vice chair serve at the pleasure of the governor.

(f) If a vacancy of a member appointed under subsection (c) occurs on the board, the governor shall appoint a successor to finish the term of the member. The governor must appoint a person to fill a vacancy on the board not more than sixty (60) days after the vacancy occurs.

(g) The board shall meet upon the call of the chair. However, the board shall meet not less than four (4) times per year. Seven (7) board members constitute a quorum. Seven (7) affirmative votes are required for the board to take an action.

(h) The state department of health shall provide staff support to the commission.

(i) Members of the board shall serve without compensation.

(j) The board shall do the following:

- (1) Provide the state department of health with advice on issues involving hearing impairment concerning:
 - (A) educational programs under IC 16-41-17-3;
 - (B) appropriate tests under IC 16-41-17-4;
 - (C) detection plans and procedures under IC 16-41-17-5;



(D) the format and information contained in reports under IC 16-41-17-6;

(E) uniform reporting procedures;

(F) centralized coordination, tracking, and follow-up; and

(G) appropriate diagnosis and management of affected newborns and counseling and support programs for newborns' families.

(2) Provide governmental agencies and private organizations that serve children with hearing impairments with advice and recommendations concerning:

(A) coordination of medical, social, and educational services;

(B) appropriate treatment of hearing impaired children and counseling and support programs for the childrens' families; and

(C) any other area that would assist children with hearing impairments and their families.

(k) This SECTION expires July 1, 2002.

SECTION 7. [EFFECTIVE JULY 1, 1999] (a) Notwithstanding IC 16-41-17, as amended by this act, a hospital, as defined by IC 16-18-2-179(a), shall begin providing a physiologic hearing examination as required under IC 16-41-17-2(b) as soon as the hospital possesses the equipment needed to perform the examination.

(b) This SECTION expires July 1, 2000.

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